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PATENT PD-0436 CIP

SEP 19 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In	re Applic	ation of s D. Holker et al.)	Examiner:	R. Maiorino		
0.			,	Exammer.	K. Matorino		
_	erial No:	09/779,282	,	A TTmid.	3763		
	iled:	February 8, 2001		Art Unit:	2) (2)		
· Fo		ROVED ANALYTE SENSOR AND)				
	MEI	HOD OF MAKING THE SAME)		•		
	I her	eby certify that this correspondence is being facsimile	transmitted	to the			
		ed States Patent and Trademark Office Fax No. (571)	273-8300:	268	9/0/-		
		ember 19, 2005 Ajit S. Narang, Rcg. 55,480 of facsimile Applicant, Assignee, or Registered R		ionature	1/19/05 10 mts		
	Date	of factimine Applicant, Assignee, of Registered R		(griature U	, , , , , , , , , , , , , , , , , , ,		
		REQUEST FOR CONTINUED E	XAMINA'	TION (RCE)			
		APPLICATION UNDER					
			·	•	RECEIVED		
	lail Stop R				OIPE/IAP		
_	ommission		SEP 2 0 2005				
_	O. Box 14	50 VA 22313-1450			02, 2 0 2		
A	icxanuria,	VA 22313-1430					
D	ear Sir:						
1.	[X]	The applicant hereby requests continued § 1.114, to the above-identified patent a	d examinat pplication.	tion, in accorda	ance with 37 CFR		
2.	[X]	This request is being submitted after a June 30, 2005 Final Office Action and before abandonment of the application.					
3.	[X]	An Amendment is being filed concurrer	ntly herewi	ith.			
4.	[]	Do not consider and enter the response filed, this response was not previously entered as noted on the Advisory Action.					
5.	[]	An Information Disclosure Statement w concurrently herewith.	rith refe	rence(s) is bei	ng filed		
09/20/2005 SDE <u>NB</u>	OB1 0000003	0.500621 00222000					
01 FC:1801	730.00 no	ONT NEOF					

Via Facsimile to (571) 273-8300 - 11 pages including transmittal

The filing fee is calculated as follows, and is based on the number of claims in the 6. [X] application after entry of the enclosed Amendment.

			LARGE ENTITY	SMALL ENTITY
	Number <u>Filed</u>	Number Extra	Basic RCE Fee Rate \$ 790	Basic RCE Fee Rate \$395
Total Claims	<u>14</u> - 20 =	0	x \$50 = <u>\$</u>	x \$25 =
Indep. Claims	<u>2</u> -3 =	0	x \$200 = <u>\$</u>	x \$100 =
MULT	TPLE DEPEND	ENT CLAIMS	x \$360 =	x \$180 =
TOTA	L FILING FEE		\$ <u>790</u>	

- The Commissioner is hereby authorized to charge any additional fees which may [X] 7. be required, or credit any overpayment, to Deposit Account No. 50-0621. A copy of this sheet is enclosed.
- Applicant's petition for a __ month extension of time is also enclosed. 8.
- 9. [X] The application is assigned of record to: Medtronic MiniMed
- Address all future communications to: 10. [X]

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Ajir S. Narang Reg. No. 55,480

Respectfully submitted.

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